



**PRIVACY ACT STATEMENT** - Section 643 of Public Law 106-58 and its implementing regulations at 5 C.F.R. Part 792 authorize the Department of Veterans Affairs to establish a child care tuition assistance program for lower income employees. Section 6051(a)(9) of title 26, United States Code requires that on or before January 31 of each year an employer lists on an employee's W-2, Wage and Tax Statement, form the total amount incurred for dependent care assistance. The total amount of payments made under the Department's child care tuition assistance must thus be listed on an employee's W-2 form. It is for the purposes of showing the amount of dependant care assistance on your W-2 Form, and for determining eligibility for tuition assistance, that we are requesting your social security number. Information regarding family income (copies of pay slips and tax returns), name of current child care provider(s), copies of the provider's license, statement of compliance, and information about other child care subsidies will also be used to determine eligibility for child care tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

**PART A - PARENT/GUARDIAN INFORMATION**

1. NAME OF CHILD'S MOTHER/GUARDIAN		2. HOME ADDRESS		3. NAME AND ADDRESS OF EMPLOYER	
4. SOCIAL SECURITY NUMBER					
5. HOME PHONE NUMBER		6. JOB SERIES, GRADE, AND ORGANIZATIONAL CODE (If VA Employee)		7. WORK PHONE NUMBER	
8. NAME OF CHILD'S FATHER/GUARDIAN		9. HOME ADDRESS (If different than Mother/Guardian)		10. NAME AND ADDRESS OF EMPLOYER (If different than Mother/Guardian)	
11. SOCIAL SECURITY NUMBER					
12. HOME PHONE NUMBER (If different than Mother/Guardian)		13. JOB SERIES, GRADE, AND ORGANIZATIONAL CODE (If VA Employee)		14. WORK PHONE NUMBER	

**PART B - INFORMATION ON CHILDREN FOR TUITION ASSISTANCE**

1. NAME OF CHILD		7. NAME AND ADDRESS OF CHILD CARE PROVIDER		8. PHONE NUMBER OF CHILD CARE PROVIDER	
2. SOCIAL SECURITY NUMBER	3. DATE OF ENROLLMENT			9. CHECK APPROPRIATE BOX <input type="checkbox"/> VA CHILD CENTER <input type="checkbox"/> OTHER FEDERAL CHILD CARE <input type="checkbox"/> CENTER-BASED CARE <input type="checkbox"/> SCHOOL-BASED CARE <input type="checkbox"/> FAMILY CHILD CARE	
4. DATE OF BIRTH	5. WEEKLY TUITION COSTS \$				
6. CHECK APPROPRIATE BOX <input type="checkbox"/> CHILD CARE TUITION ASSISTANCE PROGRAM <input type="checkbox"/> DEPENDANT CARE ASSISTANCE PROGRAM					
10. NAME OF CHILD		16. NAME AND ADDRESS OF CHILD CARE PROVIDER		17. PHONE NUMBER OF CHILD CARE PROVIDER	
11. SOCIAL SECURITY NUMBER	12. DATE OF ENROLLMENT			18. CHECK APPROPRIATE BOX <input type="checkbox"/> VA CHILD CENTER <input type="checkbox"/> OTHER FEDERAL CHILD CARE <input type="checkbox"/> CENTER-BASED CARE <input type="checkbox"/> SCHOOL-BASED CARE <input type="checkbox"/> FAMILY CHILD CARE	
13. DATE OF BIRTH	14. WEEKLY TUITION COSTS \$				
15. CHECK APPROPRIATE BOX <input type="checkbox"/> CHILD CARE TUITION ASSISTANCE PROGRAM <input type="checkbox"/> DEPENDANT CARE ASSISTANCE PROGRAM					
19. NAME OF CHILD		25. NAME AND ADDRESS OF CHILD CARE PROVIDER		26. PHONE NUMBER OF CHILD CARE PROVIDER	
20. SOCIAL SECURITY NUMBER	21. DATE OF ENROLLMENT			27. CHECK APPROPRIATE BOX <input type="checkbox"/> VA CHILD CENTER <input type="checkbox"/> OTHER FEDERAL CHILD CARE <input type="checkbox"/> CENTER-BASED CARE <input type="checkbox"/> SCHOOL-BASED CARE <input type="checkbox"/> FAMILY CHILD CARE	
22. DATE OF BIRTH	23. WEEKLY TUITION COSTS \$				
24. CHECK APPROPRIATE BOX <input type="checkbox"/> CHILD CARE TUITION ASSISTANCE PROGRAM <input type="checkbox"/> DEPENDANT CARE ASSISTANCE PROGRAM					

**PART C - FAMILY INCOME INFORMATION (As reported on your last IRS 1040, 1040A, or 1040EZ Form)**

1. ADJUSTED GROSS INCOME OF MOTHER/GUARDIAN	2. ADJUSTED GROSS INCOME OF FATHER/GUARDIAN	3. ADJUSTED GROSS FAMILY/HOUSEHOLD INCOME (1 + 2)
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If both parents work for the Federal Government, the Department of Veterans Affairs employee must complete the following sentence:

I, \_\_\_\_\_, certify that my spouse has not applied for a child care subsidy from his/her Federal agency.

**CERTIFICATION:** I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from the Department of Veterans Affairs. I/We further agree to inform Federal Employee Education & Assistance Fund (FEEA) within 10 days if any of the above information changes. I/We understand that awards for tuition assistance are made on a first-come, first-serve basis. I/We understand that failure to inform FEEA of any changes in status may jeopardize my/our chances of receiving tuition assistance through the Department of Veterans Affairs Child Care Tuition Assistance Program.

**PENALTY:** False statements made knowingly and willfully in this application or supporting documentation are punishable by fine and/or imprisonment under 18 USC, section 1001.

4. SIGNATURE OF MOTHER/GUARDIAN	5. DATE	6. SIGNATURE OF FATHER/GUARDIAN	7. DATE
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Department of Veterans Affairs

## CHILD CARE PROVIDER INFORMATION

*(For Child Care Tuition Assistance for Employee)*

**PRIVACY ACT STATEMENT** - Public Law 106-58, Section 643 (September 29, 1999) confers regulatory authority on the Department of Veterans Affairs for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers and tax identification numbers will be for identification purposes in assuring licensure and/or regulation compliance. This compliance is necessary for the purpose of determining Federal employee eligibility for child care tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

**RESPONDENT BURDEN** - Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden to the Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction (3206-0240), Washington, DC 20415-7900.

**NOTE:** This information is requested by the Department of Veterans Affairs for its Child Care Tuition Assistance Program to verify licensure and/or regulation status. Once you are notified by a Federal employee that they have submitted an application for child care tuition assistance from VA, *please complete this form and return to the employee.*

### PART A - CHILD CARE PROVIDER INFORMATION

NAME AND ADDRESS OF CHILD CARE PROVIDER	TYPE OF CHILD CARE PROVIDER <i>(Check one)</i>  <input type="checkbox"/> FAMILY CHILD CARE  <input type="checkbox"/> CENTER-BASED
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### PART B - ORGANIZATION(S) THAT LICENSE AND/OR REGULATE YOUR CHILD CARE PROGRAM

*(Attach your most recent license or other notification of approval to operate)*

NAME OF ORGANIZATION	DATE OF YOUR LICENSE OR REGULATORY APPROVAL
NAME OF ORGANIZATION	DATE OF YOUR LICENSE OR REGULATORY APPROVAL

### PART C - CHILDREN OF FEDERAL EMPLOYEES WHO HAVE APPLIED FOR TUITION ASSISTANCE

NAME OF CHILD	WEEKLY TUITION COSTS \$
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T \$
NAME OF CHILD	WEEKLY TUITION COSTS \$
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T \$
NAME OF CHILD	WEEKLY TUITION COSTS \$
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T \$
NAME OF CHILD	WEEKLY TUITION COSTS \$
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T \$

### PART D - INFORMATION FROM INDIVIDUAL COMPLETING FORM

PRINT NAME AND SIGNATURE OF INDIVIDUAL COMPLETING THIS FORM	TITLE OF INDIVIDUAL COMPLETING THIS FORM	DATE COMPLETED
FEDERAL IDENTIFICATION NO. OR SOCIAL SECURITY NO.	OFFICE PHONE NUMBER	FAX NUMBER



Department of Veterans Affairs

## OTHER CHILD CARE SUBSIDY INFORMATION FORM

1. DO YOU CURRENTLY RECEIVE ANY CHILD CARE TUITION ASSISTANCE FROM STATE, COUNTY, OR LOCAL CHILD CARE SUBSIDY FUNDS

☐ YES (If "YES," complete item number 2)

☐ NO

2. NAME AND ADDRESS OF SUBSIDY PROVIDER

3. NAME OF CONTACT PERSON

4. PHONE NUMBER

5. LIST NAME AND AMOUNT OF TUITION ASSISTANCE OF EACH CHILD RECEIVING THE STATE, COUNTY, LOCAL CHILD CARE SUBSIDY FUNDS

5A. NAME OF CHILD

5B. DAILY TUITION SUBSIDY RECEIVED

\$

6A. NAME OF CHILD

6B. DAILY TUITION SUBSIDY RECEIVED

\$

7A. NAME OF CHILD

7B. DAILY TUITION SUBSIDY RECEIVED

\$

8A. NAME OF CHILD

8B. DAILY TUITION SUBSIDY RECEIVED

\$

9. TOTAL WEEKLY STATE, COUNTY, LOCAL SUBSIDIES RECEIVED ►

\$

If both parents work for the Federal Government, The Department of Veterans Affairs employee must complete the following sentence:

I, \_\_\_\_\_, certify that my spouse has not applied for a child care subsidy from his/her Federal agency.

**CERTIFICATION:** I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from the Department of Veterans Affairs. I/We further agree to inform Federal Employee Education & Assistance Fund (FEEA) within 10 days if any of the above information changes. I/We understand that awards for tuition assistance are made on a first-come, first-serve basis. I/We understand that failure to inform FEEA of any changes in status may jeopardize my/our chances of receiving tuition assistance through the Department of Veterans Affairs Child Care Tuition Assistance Program.

**PENALTY:** False statements made knowingly and willfully in this application or supporting documentation are punishable by fine and/or imprisonment under 18 USC, section 1001.

10. SIGNATURE OF MOTHER/GUARDIAN

11. DATE

12. SIGNATURE OF FATHER/GUARDIAN

13. DATE





**Department of Veterans Affairs**  
**Child Care Tuition Assistance Program**  
**VA...Sharing the Cost of Care**

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**VA Child Care Tuition Assistance Employee Application Form**  
**Instructions**

Child care tuition assistance is available to full-time and part-time employees of the Department of Veterans Affairs (VA) whose total family/household income is \$51,999 or less and have child/children age 13 or under (or disabled through age 18) in licensed and/or regulated child care. This benefit is available to qualified applicants under a One VA pilot program beginning January 1, 2001 through September 30, 2001. **This child care tuition assistance pilot program may not be effect beyond September 30, 2001.** Its continuation depends, in part, on whether a law is passed permitting the program to continue.

Approved applications will be effective during the first full week following the postmarked date of the application. **Awards are made on a first-come, first-serve basis.**

***NOTE: When more than one parent works for the Federal Government, tuition assistance cannot be awarded for the child/children by more than one Federal agency. If both parents are employees of VA, only one may apply for the tuition assistance.***

**To apply for the VA child care tuition assistance, follow these instructions:**

1. Complete the VA Child Care Tuition Assistance Application Form (VA Form 0730a).

**Part A. The Employee/Applicant must complete this part.**

**Box 1.** Give last name, first name, and middle initial of Child's Mother/Guardian.

**Box 2.** Give home address of Child's Mother/Guardian.

**Box 3.** Give name and address of employer of Child's Mother/Guardian.



**Department of Veterans Affairs**  
**Child Care Tuition Assistance Program**  
**VA...Sharing the Cost of Care**

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**Instructions**

Child care tuition assistance is available to full-time and part-time employees of the Department of Veterans Affairs (VA) whose total family/household income is \$51,999 or less and have child/children age 13 or under (or disabled through age 18) in licensed and/or regulated child care. This benefit is available to qualified applicants under a One VA pilot program beginning January 1, 2001 through September 30, 2001. **This child care tuition assistance pilot program may not be effect beyond September 30, 2001.** Its continuation depends, in part, on whether a law is passed permitting the program to continue.

Approved applications will be effective during the first full week following the postmarked date of the application. **Awards are made on a first-come, first-serve basis.**

***NOTE: When more than one parent works for the Federal Government, tuition assistance cannot be awarded for the child/children by more than one Federal agency. If both parents are employees of VA, only one may apply for the tuition assistance.***

**To apply for the VA child care tuition assistance, follow these instructions:**

1. Complete the VA Child Care Tuition Assistance Application Form (VA Form 0730a).

**Part A. The Employee/Applicant must complete this part.**

**Box 1.** Give last name, first name, and middle initial of Child's Mother/Guardian.

**Box 2.** Give home address of Child's Mother/Guardian.

**Box 3.** Give name and address of employer of Child's Mother/Guardian.

**Box 4.** Enter Social Security Number of Child's Mother/Guardian (See the Privacy Act Statement on the form).

**Box 5.** Give home phone number of Child's Mother/Guardian.

**Box 6.** If a VA employee, give job series, grade, and organizational code of Child's Mother/Guardian as follows:

**Job Series and Grade** - Refer to applicant's last SF-50 or electronic service record card. If unsure, applicants should ask their supervisor or local Human Resources Office representative.

**Organizational Code -**

00 Office of the Secretary  
10M VHA-Medical Care Funds  
10R VHA-Research  
10E VHA-MAMOE Funds  
10C VHA-Canteen service  
20 VBA  
40 NCA  
002 Assistant Secretary for Public & Intragov. Affairs  
004 Assistant Secretary for Management  
005 Assistant Secretary for Information & Technology  
006 Assistant Secretary for Human Resources & Admin.  
008 Assistant Secretary for Policy & Planning  
009 Assistant Secretary for Congressional Affairs  
02 General Counsel  
50 Inspector General  
01 Board of Veterans' Appeal  
09 Board of Contract Appeals

**Box 7.** Give work phone number of Child's Mother/Guardian.

**Box 8.** Give last name, first name, and middle initial of Child's Father/Guardian.

**Box 9.** Give home address of Child's Father/Guardian.

**Box 10.** Give name and address of employer of Child's Father/Guardian.

**Box 11.** Enter Social Security Number of Child's Father/Guardian (See the Privacy Act Statement on the form).

**Box 12.** Give home phone number of Child's Father/Guardian.

**Box 13.** If a VA employee, give job series, grade, and organization code of Child's Father/Guardian (See **Box 6** above for code).

**Part B. The Employee/Applicant must complete this part.**

For each Child, provide the following information:

**Box 1.** Give last name, first name, and middle initial of Child.

**Box 2.** Enter Child's Social Security Number.

**Box 3.** Give date of Child's enrollment in child care program.

**Box 4.** Give date of Child's birth.

**Box 5.** Enter cost of Child's weekly child care tuition costs.

**Box 6.** Select the program that applies to the employee/applicant  
Employees should be aware that there will be tax consequences to receiving tuition assistance greater than \$2,500 per year (if married, filing separately), or \$5,000 per year if filing as a married couple, single person, or head of household). The benefits received under this VA program (up to the amounts set forth above) may be excluded from gross income if the child meets IRS' definition of a dependent. If the child does not meet that definition, the employee may still receive the benefits, but they will be treated as taxable income. To take advantage of IRS' tax exempt requirements:

- Care must be for children under age 13 or disabled and under age 18;
- Both parents (or the sole parent in a single parent family) must work;
- The VA employee applying for assistance must be entitled to the tax deduction for the child for whom that care is being requested; and
- In parent custody situations, the VA employee must be the custodial parent. If the custody is joint, the VA employee must be the parent with the most contact.

- **If the Employee/Applicant elects VA Child Care Tuition Assistance Program** - Federal, state, and FICA (Social Security) deductions will be taken from the employee's pay for the amount paid to the Child Care Provider.
- **If the Employee/Applicant elects Dependent Care Assistance Program** - No Federal, state or FICA (Social Security) deductions will be taken from the employee's pay for the amount paid to the Child Care Provider. Amounts exceeding the \$2,500 per year (if married, filing separately), or \$5,000 per year (if filing as a married couple, single person, or head of household) may be taxable (**Note: Children 13 years or older do not qualify for DCAP**).



**Consult with a tax advisor, refer to IRS Publication 503 (Child and Dependent Care Expenses), or call the IRS at 1-800-829-1040, for further guidance. The VA will not provide income tax guidance.**

**Box 7.** Give name and address of Child's Child Care Provider.

**Box 8.** Give phone number of Child's Child Care Provider.

**Box 9.** Check Child's type of child care.

**Boxes 10-27.** Follow instructions for Part B, Boxes 1-9 for additional children.

**Part C. The Employee/Applicant must complete this part.**

**Box 1.** Enter adjusted gross income of Child's Mother/Guardian from most recent IRS 1040, 1040A, or 1040EZ Form if filed separately from Child's Father/Guardian.

**Box 2.** Enter adjusted gross income of Child's Father/Guardian from most recent IRS 1040, 1040A, or 1040 EZ Form if filed separately from Child's Mother/Guardian.

**Box 3.** Enter the adjusted gross family/household income from most recent IRS 1040, 1040A, or 1040 EZ Form if filed jointly. If Child's Parents/Guardians filed separately, enter the total of Box 1 and Box 2 for the adjusted gross family household income.

**Box 4.** Parents/Guardians must sign and date form. If both parents work for the Federal Government, the VA employee/applicant must complete the statement "*I, \_\_\_\_\_, certify that my spouse has not applied for a child care subsidy from his/her Federal agency.*" If both Parents/Guardians are VA employees, only one may apply for the tuition assistance.

2. The **employee/applicant** is responsible for obtaining and returning the completed Child Care Provider Information for Child Care Tuition Assistance for Employees Form (VA Form 0730b) and a copy of the most recent license and/or other notification of approval to operate, in the application package.
3. The employee/applicant must complete the Other State/County/Local Subsidy for Child Care Form (VA Form 0730c) if he or she receives any child care subsidy from state/county/local child care subsidy funds. The employee/applicant must complete a separate VA Form 0730c for each subsidy received (**Note:** ***Employees are responsible for determining whether acceptance of the VA child care tuition assistance affects their eligibility***



***for child care subsidies from any other resource).***

4. The Employee/Applicant must obtain and provide copies of earning statements for the 2 most recent pay periods.
5. After the Employee/Applicant has completed the required information, the application package must be sent to the plan administrator, Federal Employee Education and Assistance Fund (FEEA). The following documents must be included in the application package:
  - ❑ Completed Child Care Tuition Assistance Employee Application Form (VA Form 0730a);
  - ❑ Completed Child Care Provider Information for Child Care Tuition Assistance for Employees Form (VA Form 0730b);
  - ❑ Copy of Child Care Provider's most recent license or other notification of approval to operate;
  - ❑ Completed Other State/County/Local Subsidy Information Form (VA Form 0730c), if applicable;
  - ❑ Earnings statements for the most recent 2 pay periods for Child's Parents/Guardians; and
  - ❑ Copies of Parents/Guardians most recent Federal and state income tax returns (IRS 1040, 1040A, or 1040EZ Form).

**Mail the application package to:**

**FEEA/VA Child Care  
8441 W. Bowles Avenue, Suite 200  
Littleton, CO 80123-9501**

Application packages that are not fully completed will not be processed and will be returned to the employee/applicant. If all of the information requested is not provided, a tuition assistance award will not be made to the employee /applicant.

Questions about the VA Child Care Tuition Assistance Program and application requirements, should be directed to local VA Human Resources Offices. Employee/Applicants should keep a copy of their tuition assistance application package. They may be contacted by FEEA to clarify information in their application package.